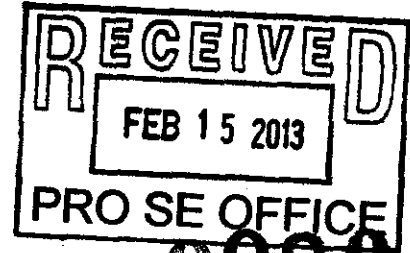


UNITED STATES DISTRICT COURT  
~~SOUTHERN~~ DISTRICT OF NEW YORK  
~~Eastern~~



DEREK FRANKS DIA 12A1986  
LIVINGSTON CORRECTIONAL FACILITY  
SONYEN NY 14556

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

THE LAQUILA GROUP INC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT  
MATSUOTO, J.

Jury Trial ☐ Yes ☒ No  
(Check one)  
REYES, M.J.

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name DEREK FRANKS  
Street Address LIVINGSTON CORRECTIONAL FACILITY  
County, City SONYEN  
State & Zip Code NY 14556  
Telephone Number N/A

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name THE CARQUILA GROUP  
 Street Address 1590 JRDY AVENUE  
 County, City BROOKLYN  
 State & Zip Code NEW YORK 11234  
 Telephone Number \_\_\_\_\_

Defendant No. 2 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Violation of Civil Rights Act 42 U.S.C. § 1983

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Bro Staten Island  
Expressway

B. What date and approximate time did the events giving rise to your claim(s) occur? October 16th 2011, 8:00 am to 2:30 pm

C. Facts: On October 16th 2011 while working for the  
Laquila Group Inc, I was subjected to racially insensitive and  
derogatory remarks by a co-worker Rifat Nikgi.  
Rifat Nikgi referred to a co-worker (Glen Thomas) and  
to as monkeys and Niggers. After threatening to  
kill me, he stated he did not like working with niggers  
My co-worker and I complained to the Defendant  
about the incident and instead of taking corrective action  
he and I were both laid-off

What  
happened  
to you?

Who did  
what?

Was anyone  
else  
involved?

Who else  
saw what  
happened?

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I suffered mental anguish and emotional  
distress and suffering

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. Compensation being sought is

actual damages for lost wages in the amount of \$25,000.00 and  
damages for pain and suffering in the amount of \$250,000.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff

Dech I. Frank

Mailing Address

Livingston Correctional Facility  
Somerset NJ 08856

Telephone Number

Fax Number (if you have one)

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this 10 day of February, 2013, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Dech I. Frank

Inmate Number

12A 1986

**AFFIDAVIT OF SERVICE**RE: DEREK FRANKS -v-LAQUILLA GROUP, INC.STATE OF NEW YORK )  
COUNTY OF LIVINGSTON ) s.s.:DEREK FRANKS, being duly sworn, deposes and says:

I am the Plaintiff, pro se, in the above-referenced matter and am currently incarcerated at Livingston Correctional Facility, P.O. Box 91, Rt. 36, Sonyea, New York 14556.

On the 29 day of January, 2013, I served the enclosed Notice of Intention to File Claim / Filing motions  
claim 2-6-13

by placing a copy of said papers in a postpaid envelope and deposited the envelope into an official mailbox for the U.S. Postal Service under the exclusive care and custody of Livingston Correctional Facility and addressed said envelope to the following person(s):

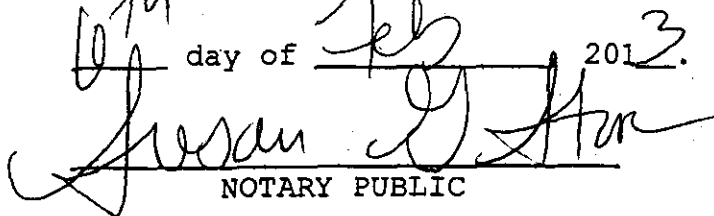
1. Theodore Roosevelt  
United States Courthouse  
225 Cadman Plaza east  
Brooklyn NY 11201-1818

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Print Name): DEREK FRANKS(DIN Number): 12A1986

Livingston Correctional Facility  
P.O. Box 91  
Sonyea, New York 14556

Sworn to before me this

day of Feb 2013.  
NOTARY PUBLIC

SUSAN G. STONE  
Notary Public, State of New York  
Qualified in Wyoming County  
My Commission Expires Aug. 20, 2014

CLERK  
FILE  
2013 FEB 18 AM 10:51  
U.S. DISTRICT COURT  
EASTERN DISTRICT  
OF NEW YORK

VERIFICATION

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF LIVINGSTON)

RE: Filing of Claim: Derek Franks v. LaQuila  
Group Inc.

Derek Franks, being duly sworn, deposes and says:

~~I am the Petitioner herein, that I have read the foregoing~~  
complaint and knows the contents thereof, that the same  
is true and correct to the best of my knowledge, except as to  
those matters stated upon information and belief, and as to those  
matters I believe them to be true.

Derek Franks  
(Print Name): Derek Franks  
(DIN Number): 12A 1986

Livingston Correctional Facility  
P.O. Box 91  
Sonyea, New York 14556

SWORN TO BEFORE ME ON THIS

6 DAY OF Feb, 2013.

Susan G. Stone  
NOTARY PUBLIC

SUSAN G. STONE  
Notary Public, State of New York  
Qualified in Wyoming County  
My Commission Expires Aug. 20, 2013